24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
BELIEVE AGAIN	
	C C00571711
Check if 24-hour report X 48-hour report New report Amends report	filed on fil
Full Name of Payee	Date of Public Distribution/Dissemination
ONMESSAGE, INC	09 18 2015
Mailing Address 705 MELVIN AVE # 105	Amount
City State Zip Code	6962.50
ANNAPOLIS MD 21401	Transaction ID : 1 Date of Disbursement or Obligation
Purpose of Expenditure MEDIA Category/ Type	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District:
Bobby Jindal Oppose	President Senate State: IA
	Disbursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
ONMESSAGE, INC	09 18 2015
Mailing Address 705 MELVIN AVE # 105	Amount
City State Zip Code	1150.00
ANNAPOLIS MD 21401	Transaction ID : 2 Date of Disbursement or Obligation
Purpose of Expenditure MEDIA Category/ Type	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District:
Bobby Jindal Oppose	President Senate State: IA
14505040	Disbursement For: Primary General 2016
Per Election for Office Sought	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	8112.50
(b) SUBTOTAL of Unitemized Independent Expenditures	>
(c) TOTAL Independent Expenditures	>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
ROBERT YARBOROUGH[Electronically Filed] Date	09 20 Y 2015
Signature	